NOV 1 7 2006

UNITED STATES
U.S. SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

7/95	
OMB AP	PROVAL
OMB Number	3235-0076
Expires:	May 31, 2002
Estimated averag	
hours per respons	se:16.00
	\$100 man avera
'	
OROR	

V	. 00052490
Name of Offering(check if this is an amendment and name has changed, and indicate	
Wexford High Yield Debt Fund IV, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule	506 Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATI	ION DATA
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and ind	icate change.)
Wexford High Yield Debt Fund IV, LLC Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) PROCESSE
	THOOLOOL
c/o WexTrust Capital, 333 West Wacker Drive, Suite 1600, Chicago, Illinois 60606	(312) 332-4380 S NOV 2 9 2006
Brief Description of Business	(HOMSON
Funding high yield debt issued to either affiliated or non-affiliated par	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify): limited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption u 77d(6).	under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the add due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washir	ngton, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of whi photocopies of the manually signed copy or bear typed or printed signatures.	ich must be manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendme thereto, the information requested in Part C, and any material changes from the information be filed with the SEC. Filing Fee: There is no federal filing fee. State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (that have adopted this form. Issuers relying on ULOE must file a separate notice with the made. If a state requires the payment of a fee as a precondition to the claim for the exemptial be filed in the appropriate states in accordance with state law. The Appendix to the notice of the contraction of the	Securities Administrator in each state where sales are to be, or have been ption, a fee in the proper amount shall accompany this form. This notice
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the fed federal notice will not result in a loss of an available state exemption unless suc	
A. BASIC IDENTIFICAT	TON DATA

Each promoter of the company of	e issuer, if the issu	ier has been organized wit	hin the past five years;		
 Each beneficial ow of the issuer; 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more	of a class of equity securities
 Each executive offi 	cer and director of	corporate issuers and of c	orporate general and mana	ging partners of pa	artnership issuers; and
 Each general and m 	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	Executive Officer of Manager
Full Name (Last name first, if	individual)				
Byers, Steve					
Business or Residence Addres		(Number and Street, City	y, State, Zip Code)		
333 West Wacker Drive	, Suite 1600, Cl	hicago, Illinois 60606 ⊠ Beneficial Owner	Executive Officer	Director	Executive Officer of
Check Box(es) that Apply: Manager	Promoter .	Beliefferal Owner	Executive Officer		Executive Officer of
Full Name (Last name first, if	individual)				
Gorney, Michael					
Business or Residence Address		(Number and Street, City	-		
209 Tenth Avenue South				- <u>-</u> -	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Executive Officer of Manager
Full Name (Last name first, if	individual)				
Shereshevsky, Joseph					<u> </u>
Business or Residence Addres		(Number and Street, City	, State, Zip Code)		
999 Waterside Drive, Su		·· <u> </u>	<u> </u>		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	Executive Officer of Manager
Full Name (Last name first, if	`individual)				
Cohen, Amnon					
Business or Residence Addres		(Number and Street, City	y, State, Zip Code)		
390 Fifth Avenue, Suite					H-79
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	Manager Manager
Full Name (Last name first, if	individual)				
Wex-I, LLC					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
333 West Wacker Drive	, Suite 1600, Cl				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Manager
Full Name (Last name first, if	individual)				
Wextrust Capital, LLC		(Number and Street City	State Zin Code)	<u> </u>	
Business or Residence Addres 333 West Wacker Drive		(Number and Street, City	y, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Officer of Manager
Full Name (Last name first, if					
Wextrust Equity Partne					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
333 West Wacker Drive	, Suite 1600, C	hicago, Illinois 60606			

2. Enter the information requested for the following:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	•				В.	INFORMA	TION ABO	UT OFFER	ING				
										.		Yes	No
1.	Has	the issuer se	old, or does th	ne issuer inten	d to sell, to	non-accred	ited investors	in this offer	ing?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\boxtimes
					Answer al	so in Appen	dix, Column	2, if filing u	nder ULOE.				
2.	Wha	t is the mini	mum investn	nent that will	he accepted	d from any ir	ndividual?				************	\$200,0	00
	2. What is the minimum investment that will be accepted from any individual?											Yes	No
3.	Does	the offering	g permit join	t ownership o	f a single u	nit?						\boxtimes	
4.	or si listed of th	milar remur I is an assoc e broker or	neration for s ciated person dealer. If m	ted for each p solicitation of or agent of a nore than five hat broker or	purchasers broker or (5) person	s in connecti dealer regist s to be listed	on with sales ered with the	of securitie SEC and/or	s in the offer with a state	ring. If a per or states, list	rson to be the name		
Ful	Namo	e (Last name	e first, if indi	vidual)									
W	exTru	st Securit	ties, LLC										
Bus	siness (or Residence	e Address		(Number	and Street,	City, State, Z	ip Code)					
999	9 Wat	terside Dr	ive, Suite	2220, Norfe	olk, VA	23510							
Nar	ne of A	ssociated Br	oker or Deale	er									
Stat	es in V	Vhich Person	Listed Has S	olicited or Inte	nds to Solid	cit Purchasers	3						
	(Che	ck "All State	s" or check ir	ndividual State	s)							☐ All	States
_	AL]	{ AK }	[AZ]	[AR]	[CA] X	[CO]	[CT] X	[DE]	[DC]	[FL] X	[GA]	[HI]	[ID]
	IL]X	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]X	[MD]X	[MA] X	[MI] X	[MN]	[MS]	[MO]
_	MT] RI I	[NE] [SC]	[NV] [SD]	[NH] [TN] X	[NJ] X [TX]	[NM] [UT]	[NY] X [VT]	[NC] X [VA] X	[ND] [WA]	{ OH] X [WV]	[OK] [WI] X	[OR] [WY]	[PA] X [PR]
····			e first, if indi			. ** .				1	. ,	. ;	., 1
Bus	siness (or Residence	e Address		(Number	and Street,	City, State, Z	ip Code)					
Nar	ne of A	associated Br	oker or Deal	er									
Stat	es in V	Which Person	Listed Has S	Solicited or Inte	nds to Soli	rit Purchasers							
				idividual State			-	••••				☐ All	States
ĺ	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	DC]	[FL]	[GA]	[HI]	[ID]
ŧ	IL]	[lN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	լՄՐյ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name	e (Last name	e first, if indi	vidual)									
Bus	siness (or Residence	e Address		(Number	and Street,	City, State, Z	ip Code)					
Nar	ne of A	Associated Br	oker or Deale	er				,					
Stat	es in V	Which Person	Listed Has S	olicited or Inte	nds to Soli	cit Purchasers	<u> </u>						
244				ndividual State			•					☐ All	States
ſ	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]
	IL]	[IN]	[IA]	[KS]	[KY J	[LA]	[ME]	[MD]	[MA]	[Ml]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
]	RI]	[SC]	[SD]	[TN]	[TX]	{ UT }	[VT]	{ VA }	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity (Membership Interests)	\$50,000,000	\$0
	☐ Common ☑ Preferred		·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$50,000,000	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$0
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	,	e
			φ
	Regulation A		Ф <u></u>
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		<u> </u>
	Legal Fees	⊠	\$60,000
	Accounting Fees		\$10,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)*	_	\$2,500,000
	Other Expenses (identify) blue sky filing fees, postage		\$4,000
	Total		\$2,574,000

*The Membership Interests may be sold by third parties retained to promote the offering, which third parties may be paid a fee of up to 10% of the equity raised through the efforts of such third parties. Such fee may be paid, at the sole discretion of the manager, either by the issuer or by the manager and its affiliates.

		ICE, NUMBER OF INVESTORS, EXPENSE			EEDS	
	Question 1 and total expenses furnished in r	gregate offering price given in response to esponse to Part C - Question 4.a. This differen	ice is the			\$ <u>47,426,000</u>
5.	for each of the purposes shown. If the amount and check the box to the left of the estimates	ross proceeds to the issuer used or proposed to bunt for any purpose is not known, furnish an ate. The total of the payments listed must en the set forth in response to Part C - Question 4.5 a	estimate qual the			
				Payments to Off Directors, & Affiliates		Payments to Others
	Salaries and fees			s		\$
	Purchase of real estate and renovation			s	_ 🛛	\$
	Purchase, rental or leasing and installation o	f machinery and equipment		\$. 🗆	\$
	Construction or leasing of plant buildings an	d facilities		\$		\$
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)			\$		
				s		\$
			\boxtimes	\$	- — _ 🗵	\$
	()	ourchasing preferred interests, contributing to	\boxtimes	\$		\$ <u>47,426,000</u>
	Column Totals		\boxtimes	\$	\boxtimes	\$ <u>47,426,000</u>
	Total Payments Listed (column totals added))		\boxtimes	\$ <u>47,426,000</u>	<u> </u>
_		D. FEDERAL SIGNATURE				
oll	owing signature constitutes an undertak	e signed by the undersigned duly authorizing by the issuer to furnish to the U.S. by the issuer to any non-accredited invest	Securit	ies and Excha	nge Commiss	sion, upon wri
SSI	ner (Print or Type)	Signature		Date		
X 7.	xford High Yield Debt Fund IV, C	Str. 2-		1	19/06	
L						
L	ne of Signer (Print or Type)	Title of Signer (Print or Type)				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
·	52 (c), (d), (e) or (f) presently subject to any of the disqualification		No ⊠
	See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertake Form D (17 CFR 239.500) at such times	es to furnish to any state administrator of any state in which this noti as required by state law.	ce is filed,	a notice on
3. The undersigned issuer hereby undertake issuer to offerees.	es to furnish to the state administrators, upon written request, inform	ation furni	shed by the
Limited Offering Exemption (ULOE) of	ne issuer is familiar with the conditions that must be satisfied to be of the state in which this notice is filed and understands that the den of establishing that these conditions have been satisfied.		
The issuer has read this notification and knoundersigned duly authorized person.	ows the contents to be true and has duly caused this notice to be sign	ed on its bo	chalf by the
Issuer (Print or Type)	Signature	4	
Wexford High Yield Fund IV, LLC	1119	9/06	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

President of the Manager of the Issuer

Instruction:

Steve Byers

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-a investor	2 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR							,		
CA									
CO		T							
СТ									
DE									
DC									
FL		x	\$50,000,000 of Preferred Membership Interests	0	\$0	0	\$0		X
GA									
HI									
lD									
ΙL		x	\$50,000,000 of Preferred Membership Interests	0	\$0	0	\$0		X
lN									
IA									
KS									
KY									
LA									
ME									
MD	X		\$50,000,000 of Preferred Membership Interests	0	0	0	\$0		x
MA								<u> </u>	1

ı	Intend to non-ac	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MI		X	\$50,000,000 of Preferred Membership Interests	0	\$0	0	0		x
MN									
MS									
МО									
MT								<u> </u>	<u></u>
NE									
NV									
NH									1
NJ		X	\$50,000,000 00 of Preferred Membership Interests	0	\$0	0	\$0		X
NM									
NY		X	\$50,000,000 00 of Preferred Membership Interests	0	\$0	0	\$0		X
NC									1
ND									:
ОН								<u> </u>	
ОК									
OR									<u> </u>
PA									
RI		****							
SC								1	
SD									
TN		X	\$50,000,000 00 of Preferred Membership Interests	0	\$0	0	\$0		X
TX							 	1	
UT									

1	Type of security and aggregate to non-accredited investors in State Type of security and aggregate offering price offered in state amount purc				4 of investor and urchased in State at C-Item 2)	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
VT									
VA		X	\$50,000,000 of Preferred Membership Interests	0	\$0	0	\$0		x
WA									
WV						}			
WI									
WY									
PR									